



State of Utah
Department of Workforce Services
HEAT Program Self-Employment Income Worksheet

Complete one worksheet for each business. If income is earned from "odd jobs" do not use this form, but list all income earned during the relevant month and ask HEAT worker for instruction.

Name: _____
Name of Business: _____
Address of Business: _____
City/State/ZIP: _____

HEAT Application Number: _____
Business EIN: _____
Month/Year Business Started: _____

Total	Mo. 1	Mo. 2	Mo. 3	Mo. 4	Mo. 5	Mo. 6	Mo. 7	Mo. 8	Mo. 9	Mo. 10	Mo. 11	Mo. 12	Total each column, then add all column totals to get annual gross income. Enter in Box 1 HERE:
Gross Receipts / Sales													
Other Gains / Income													
Less Returns / Allowances													
Less Cost of Goods Sold													
Materials/Supplies, etc.													
GROSS INCOME													1.

Expenses													Total each column, then add all column totals to get annual expenses. Enter in Box 2 HERE:
Advertising													
Car, Truck Expenses Freight /Gas/ Fuel Oil													
Commissions / Fees													
Insurance (Not included in Fringe)													
Interest													
Legal/Professional													
Office Expenses													
Rent/Lease on Land /Building /Equipment													
Repairs/Maintenance													
Taxes and Licenses													
Travel / Meals (Tax Deductible Portion)													
Utilities													
Wages /Casual Labor /Fringe													
Other (Must explain below)*													
TOTAL MONTHLY EXPENSES													2.
* Explain "Other" Expenses:													

Calculate Estimated Monthly
Income:

$$\begin{array}{rclclcl}
 & - & = & \div 12^* = & \\
 \text{Box 1 Total} & & \text{Box 2 Total} & & \text{Subtotal} & & \text{Estimated Monthly Income} \\
 & & & & & & \text{(If less than zero, count income as zero)}
 \end{array}$$

*If business has been operating less than one year, use number of months in operation.

I understand that I must complete this worksheet to apply for energy assistance. I understand that this form must be accompanied by a completed IRS Form 8821 for each adult in the household and for each business owned by household members. I declare that this information is true and accurate. I understand that I may be prosecuted for fraud and perjury under Utah statutes if I knowingly provide false information.

Signature: _____ Date: _____

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.